

EXAM 2 FOR FRIDAY, AUGUST 12

CHAPS. 16 (CANCER), 30 (HEMATOLOGY), 31 (HEMATOLOGY PROBLEMS)

TOPICS FOR STUDY - 50 QUESTION TEST

Pay particular attention to the assorted boxes, tables, and other 'parentheticals' in your textbooks!

KNOW

CANCER

1. The difference between benign and malignant cancer cells.

Benign cells ~~can~~ can resemble normal cells and are named by the tissue they originate from. Usually surrounded by a (fibrous sheath) that inhibits their behavior to

2. How is it that malignant cells are not always rapid-growing.

act as malignant cells, they can still cause mass effect by pressing on vulnerable tissue (Brain, etc.)

3. The adverse effects of intravesicular chemotherapy

Cytotoxic + Gastrointestinal toxicity (1-5 day after 1st treatment)

① Effects on fast growing cell in body [finger nails, hair, Intestinal mucosa] [myelosuppression]

4. All about bladder cancer.

most common type is [transitional cell carcinoma also called Urothelial cell carcinoma] s/s → Hematuria, Hematuria, pain during urination, polyuria, Causes #1 Smoking, occupational risk, exposure to carcinogens like mechanics, and ppl. who use hair dye.

5. The risks associated with cigarette smoking as related to cancer.

The carcinogens in cigarette ↑ chances of all cancer,

6. How large a tumor has to be in order to be detected by current screening methods. 2.65

1 cm palpation; 0.5 scanning

7. How to treat diarrhea, the common side effect of chemotherapy agents.

Low residue diet (Low Fiber) to prevent stimulation, & dairy, & food that ↑ gas, 8-10 clear liquid, & greasy-fatty food, ~~or~~ Meds. Lomotil (diphenoxylate), + Brut diet, Bananas, Drink at room temp.

8. The diet advice for a patient undergoing chemotherapy

Read above.

9. What the increased risk is for colon cancer and the nursing action in this. IBD, Age, Diet, overweight, teach proper nutrition, Importance of screening, smoking, Life style changes (activity lol.) Avoid alcohol, Cessation Polyps, Genetics, Smoking.

10. About cervical cancer in situ. Early form of carcinoma. Stage I. The neoplastic cells have not penetrated the surrounding cells, Precursor to invasive carcinoma. No potential to metastasis unless it progresses to full cancer. Can be removed (excised) or burned via Lazer.

11. All about clinical cancer staging. Not all cancers have a staging system
Stage I - In situ carcinoma Stage II - cancer is locally advanced,
stage I - localized to one part of body stage III - Also locally advanced but > stage II

12. How increased PSA relates to biopsy - what is indicated. stage IV - metastasized.
Can be a sign of prostate cancer but many Non-cancerous causes exist. Ejaculation
1 Benign Prostatic Hyperplasia. 2 Prostatitis 3 Biopsy of prostate will ↑ PSA 4 Recent Ejaculation

13. The risk of recurrence in various kinds of cancer, particularly breast cancer in postmenopausal women. Estrogen. ↑ risk of breast cancer - because it stimulates the growth breast cells, and supports growth of estrogen. 5 Digi Ret Exam
responsive tumors. Progesterone also has this effect. Progesterone levels spike during postmenopausal periods. Women should avoid estrogen therapy. 6 Bike riding

14. What a de-bulking surgery is and when is it appropriate. DEF! Removing a part of a malignant tumor via surgery. The tumor cannot be excised totally so this is the only reduction method. Can make chemo + radiation more effective.

15. The radiation effect on the various organs; the recommended diet and teaching you'd provide. Skin Irritation - damages epithelial cells and surface mucosa cells, Intestinal discomfort, swelling, infertility, Fibrosis, secondary cancer, heart disease, Proctitis, Cognitive decline.
Diet depends on where radiation is targeting. High caloric and High protein are most

16. When you would recommend vigorous exercise to a cancer patient...under what common circumstances. may slow prostate cancer, may aid in weight loss. In...
need to look up in book

17. About whether or not a patient can go swimming when he or she expresses an interest to do so after surgery. NO! Skin must be fully intact

Prophylaxis 18. When to administer anti-emetic drugs to patients receiving chemotherapy and which ones you would give...know them. Zofran, Anzemet, Navoban, Compazine, usually
metoclopramide, marituna.

19. When you stop the IV on a patient receiving chemotherapy. See text, tech. Question.

20. How to counsel a breast cancer patient, who is concerned about hair loss due to chemotherapy See text,